

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)

Case number (*if known*) _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Mark

First name

Douglas

Middle name

Harrison

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):**Crystal**

First name

Theresa

Middle name

Zagwyn Harrison

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2862

xxx-xx-9387

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*) _____

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and *doing business as* names

- I have not used any business name or EINs.

Business name(s) _____

EINs _____

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s) _____

EINs _____

5. Where you live

**13087 Robert Drive
Stanfield, NC 28163**

Number, Street, City, State & ZIP Code

Stanly

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

**1010A West Main Street
STE 101
Locust, NC 28097**

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

| | |
|--|--|
| 7. The chapter of the Bankruptcy Code you are choosing to file under | <i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</i> <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 |
| <hr/> 8. How you will pay the fee | |
| <input checked="" type="checkbox"/> I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | |
| <input type="checkbox"/> I need to pay the fee in installments. If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A). | |
| <input type="checkbox"/> I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition. | |
| <hr/> 9. Have you filed for bankruptcy within the last 8 years? | |
| <input checked="" type="checkbox"/> No. | |
| <input type="checkbox"/> Yes. | |
| District _____ When _____ Case number _____ | |
| District _____ When _____ Case number _____ | |
| District _____ When _____ Case number _____ | |
| <hr/> 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | |
| <input checked="" type="checkbox"/> No | |
| <input type="checkbox"/> Yes. | |
| Debtor _____ Relationship to you _____ | |
| District _____ When _____ Case number, if known _____ | |
| Debtor _____ Relationship to you _____ | |
| District _____ When _____ Case number, if known _____ | |
| <hr/> 11. Do you rent your residence? | |
| <input checked="" type="checkbox"/> No. Go to line 12. | |
| <input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? | |
| <input type="checkbox"/> No. Go to line 12. | |
| <input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it with this bankruptcy petition. | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

| | | | |
|--|--|--|--|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | |
| | <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17. | | |
| 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17. | | |
| 16c. State the type of debts you owe that are not consumer debts or business debts | | | |
| <hr/> | | | |
| 17. Are you filing under Chapter 7? | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| <hr/> | | | |
| 18. How many Creditors do you estimate that you owe? | <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| <hr/> | | | |
| 19. How much do you estimate your assets to be worth? | <input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| <hr/> | | | |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark Douglas Harrison**Mark Douglas Harrison**

Signature of Debtor 1

/s/ Crystal Theresa Zagwyn Harrison**Crystal Theresa Zagwyn Harrison**

Signature of Debtor 2

Executed on March 23, 2016
MM / DD / YYYYExecuted on March 23, 2016
MM / DD / YYYY

Debtor 1 **Mark Douglas Harrison**Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Edward C. Boltz

Signature of Attorney for Debtor

Date

March 23, 2016

MM / DD / YYYY

Edward C. Boltz

Printed name

The Law Offices of John T. Orcutt, PC

Firm name

**6616-203 Six Forks Road
Raleigh, NC 27615**

Number, Street, City, State & ZIP Code

Contact phone **(919) 847-9750**

Email address

postlegal@johnorcutt.com**23003**

Bar number & State

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Crystal Theresa Zagwyn Harrison | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

112 Driftwood Lane
Locust, NC 28097

Dates Debtor 1 lived there

From-To:
7/2013- 2/2016

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2 lived there

Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

| Debtor 1 | Gross income (before deductions and exclusions) | Debtor 2 | Gross income (before deductions and exclusions) |
|--|--|--|--|
| Sources of income Check all that apply. | | Sources of income Check all that apply. | |

From January 1 of current year until the date you filed for bankruptcy:

| | | | | |
|--|---|------------|---|------------|
| | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips | \$5,740.49 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips | \$5,034.93 |
| | <input type="checkbox"/> Operating a business | | <input type="checkbox"/> Operating a business | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwynn Harrison**

Case number (if known) _____

| | Debtor 1 Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
|---|--|---|--|---|
| | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$2,000.00 |
| For last calendar year: (January 1 to December 31, 2015) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$47,666.26 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$172.82 |
| | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$6,715.00 |
| For the calendar year before that: (January 1 to December 31, 2014) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$46,198.00 | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$0.00 |
| | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$0.00 | <input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business | \$0.00 |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

| Debtor 1 Sources of income Describe below.. | Gross income (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
|---|---|--|---|
| | | | |

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

■ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for ... |
|-----------------------------|------------------|-------------------|----------------------|--------------------------|
|-----------------------------|------------------|-------------------|----------------------|--------------------------|

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider

| Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|----------------------------|------------------|-------------------|----------------------|-------------------------|
|----------------------------|------------------|-------------------|----------------------|-------------------------|

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|--------------------|---|---|
| National Student Loan Trust VS. Crystal Theresa Zagwyn Harrison 15CVD310 | Civil Summons | Stanly County Clerk of Court 201 S. 2nd Street Albemarle, NC 28001 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| National Student Loan Trust VS. Crystal Theresa Zagwyn Harrison 15CVD0308 | Civil Summons | Stanly County Clerk of Court 201 S. 2nd Street Albemarle, NC 28001 | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Massachusetts Education Finance VS. Crystal Theresa Zagwyn Harrison 14CVD1131 | | Stanly County Clerk of Court 201 S. 2nd Street Albemarle, NC 28001 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| Case title Case number | Nature of the case | Court or agency | Status of the case |
|---|-----------------------|---|---|
| Russell A. Hollins Stanly4Rent.com LLC vs. Crystal Zagwyn Mark Harrison 16CVM084 | Magistrate Summons | Stanly County Clerk of Court 201 S. 2nd Street Albemarle, NC 28001 | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

 No Yes. Fill in the information below.

| Creditor Name and Address | Describe the Property Explain what happened | Date | Value of the property |
|---|---|--------|-----------------------|
| Credit Acceptance Corporation Attn: Managing Agent Post Office Box 513 Southfield, MI 48037-0513 | 2004 Dodge Ram <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied. | 3/2016 | \$8,977.50 |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

 No Yes. Fill in the details.

| Creditor Name and Address | Describe the action the creditor took | Date action was taken | Amount |
|---------------------------|---------------------------------------|-----------------------|--------|
|---------------------------|---------------------------------------|-----------------------|--------|

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address: | Describe the gifts | Dates you gave the gifts | Value |
|---|--------------------|--------------------------|-------|
|---|--------------------|--------------------------|-------|

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value |
|--|-------------------------------|-----------------------|-------|
|--|-------------------------------|-----------------------|-------|

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss | Date of your loss | Value of property lost |
|--|--|-------------------|------------------------|
| Fraudulent Tax Return filed due to Identity theft. | N/A | 2/28/2015 | \$0.00 |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

| Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| The Law Offices of John T. Orcutt, PC 6616-203 Six Forks Road Raleigh, NC 27615 postlegal@johnorcutt.com | Attorney Fees:\$ 1,390.00 PACER Fee: \$10.00 Credit Report Cost: \$20.00 Filing Fee: \$310.00 | 2/22/2016 3/2016 | \$1,755.00 |
| DECAF 112 Goliad Street Benbrook, TX 76126-2009 | Credit Counseling | 3/2016 | \$30.00 |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

| Person Who Was Paid Address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--------------------------------|---|-----------------------------------|-------------------|
|--------------------------------|---|-----------------------------------|-------------------|

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

| Person Who Received Transfer Address | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|---|--|------------------------|
| Person's relationship to you | | | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date Transfer was made |
|---------------|---|------------------------|
|---------------|---|------------------------|

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|-------------------------------|--|---|
|--|---------------------------------|-------------------------------|--|---|

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

| Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|---|--|-----------------------|-----------------------|
|---|--|-----------------------|-----------------------|

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy

- No
 Yes. Fill in the details.

| Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
|--|---|-----------------------|-----------------------|
|--|---|-----------------------|-----------------------|

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

| Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|--|--|-----------------------|-------|
|--|--|-----------------------|-------|

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

| | | | |
|--|---|-----------------------------------|----------------|
| Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

| | | | |
|---------------------------|--|--------------------|--------------------|
| Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
|---------------------------|--|--------------------|--------------------|

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

| | | |
|--|---|--|
| Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. |
| dba Crystal Zagwyn Harrison 332 Hwy 200 South Locust, NC 28097 | Complete Health and Chiropractic Care Co-Debtor & Charity Helms | Dates business existed EIN: SS# From-To 2012- Current |

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

| | |
|---|-------------|
| Name Address (Number, Street, City, State and ZIP Code) | Date Issued |
|---|-------------|

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Mark Douglas Harrison**

Mark Douglas Harrison
 Signature of Debtor 1

/s/ **Crystal Theresa Zagwyn Harrison**

Crystal Theresa Zagwyn Harrison
 Signature of Debtor 2

Date March 23, 2016

Date March 23, 2016

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

| | | | |
|--|--|-------------|---|
| Debtor 1 | Mark Douglas Harrison | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) | | | |
| Case number | | | <input type="checkbox"/> Check if this is an amended filing |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Nissan**
 Model: **Juke**
 Year: **2011**
 Approximate mileage: **63,656**
 Other information:
**VIN: JN8AF5MV1BT022858
 Geico Insurance Policy#
 4276373398
 90% Clean Retail
 To Be Surrendered**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| \$11,070.00 | \$11,070.00 |

3.2 Make: **Ford**
 Model: **F150**
 Year: **2005**
 Approximate mileage: **129,000**
 Other information:
**VIN : 1FTPW14585FA99678
 Geico Insurance Policy#
 4276373398
 90% Clean Retail**

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

| | |
|--|--|
| Current value of the entire property? | Current value of the portion you own? |
| \$12,465.00 | \$12,465.00 |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$23,535.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Household Goods

\$510.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

Electronics

\$740.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- No
 Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- No
 Yes. Describe.....

Wearing Apparel

\$1,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

- No
 Yes. Describe.....

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | |
|---------|---------|
| Jewelry | \$75.00 |
|---------|---------|

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

Possible Consumer Rights Claim(s).
Subject to approval of settlement/award by Bankruptcy Court.
Unless otherwise specified, no specific claims are known at present.

\$0.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,325.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**Cash \$10.00****17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

| | | | |
|-------|-----------------------------|------------------------|-------------------|
| 17.1. | Checking and Savings | Charlotte Metro | \$827.00 |
| 17.2. | Checking and Savings | Charlotte Metro | \$1,370.00 |
| 17.3. | Checking and Savings | Wood Forest | \$77.00 |
| 17.4. | Checking and Savings | WoodForest | \$127.00 |

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

Partnership:**dba Crystal Theresa Zagwyn Harrison****50****%****\$0.00****20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

401(k)**NC 401(k)****Unknown****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

| | | |
|---|--------------------------|-----------------|
| 2015 Tax Refund Already Received Federal: \$4,991.00 | Federal and State | \$162.00 |
|---|--------------------------|-----------------|

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$2,573.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

**Current value of the portion you own?
Do not deduct secured claims or exemptions.**

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

38. Accounts receivable or commissions you already earned

- No
 Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- No
 Yes. Describe.....

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- No
 Yes. Describe.....

Chiropractic Equipment:
Activator: \$150.00
Table: \$100.00
Laptop: \$200.00
Ultrasound: \$75.00
TENS Unit: \$25.00

Unknown**41. Inventory**

- No
 Yes. Describe.....

42. Interests in partnerships or joint ventures

- No
 Yes. Give specific information about them.....
 Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- No.
 Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

 No
 Yes. Describe.....

44. Any business-related property you did not already list

- No
 Yes. Give specific information.....

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Debtor 1 **Mark Douglas Harrison**
Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*)

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

■ Yes. Give specific information.....

.IMPORTANT NOTICES:

(1) Valuation Method (Sch. A & B): FMV unless otherwise noted.

(2) Creditor claims disclosed on Sch. D, E & F are estimates only, drawn largely from unverified information provided by the creditor, and shall not be considered an admission by the Debtor(s) of the amount owed, interest, late fees, etc. Nor is this listing of a creditor or representatives an admission by the Debtor(s) that such parties are actual owners of such claims.

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | |
|---|-------------|
| 55. Part 1: Total real estate, line 2 | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$23,535.00 |
| 57. Part 3: Total personal and household items, line 15 | \$2,325.00 |
| 58. Part 4: Total financial assets, line 36 | \$2,573.00 |
| 59. Part 5: Total business-related property, line 45 | \$0.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | \$0.00 |

62. **Total personal property.** Add lines 56 through 61.... **\$28,433.00** Copy personal property total **\$28,433.00**

63. Total of all property on Schedule A/B. Add line 55 + line 62 \$28,433.00

**UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
WINSTON-SALEM DIVISION**

In Re:

Mark Douglas Harrison

Case No. _____

Social Security No.: xxx-xx-2862
 Address: 1010 A West Main Street Ste 101, Locust, NC 28097

Form 91C (rev. 1/21/14)

Debtor.

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

The undersigned Debtor hereby claims the following property as exempt pursuant to 11 U.S.C. Sections 522(b)(3)(A),(B), and (C), the North Carolina General Statues, and non-bankruptcy federal law. Undersigned Debtor is claiming and intends to claim as exempt 100% of Debtor's interest in each and every item listed, irrespective of the actual value claimed as exempt.

1. RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Each debtor can retain an aggregate interest in such property, **not to exceed a total net value of \$35,000.** (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

| Description of Property & Address | Market Value | Mortgage Holder or Lien Holder | Amount of Mortgage or Lien | Net Value |
|-----------------------------------|--------------|--------------------------------|----------------------------|-----------|
| N/A | | | | |

| | |
|------------------------------------|--|
| TOTAL NET VALUE: | |
| VALUE CLAIMED AS EXEMPT: | |
| UNUSED AMOUNT OF EXEMPTION: | |

RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Exception to \$18,500 limit: An unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in property **not to exceed \$60,000** in net value, so long as: (1) the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and (2) the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below. (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

| Description of Property & Address | Market Value | Mortgage Holder or Lien Holder | Amount of Mortgage or Lien | Net Value |
|-----------------------------------|-----------------|--------------------------------|----------------------------|-----------|
| | <u>minus 6%</u> | | | |

| |
|--------------------------|
| Debtor's Age: |
| Name of former co-owner: |

| | |
|------------------------------------|--|
| TOTAL NET VALUE: | |
| VALUE CLAIMED AS EXEMPT: | |
| UNUSED AMOUNT OF EXEMPTION: | |

* Note to all interested parties: Notwithstanding the above, in the event that: (1) this concerns a Chapter 13 case filed within 12 months after the dismissal of a prior bankruptcy case, and (2) a creditor has, prior to the filing of this case, taken an "action" as that term is defined in In re: Paschal, 337 B.R. 27 (2006), the debtor(s) do not claim the property as exempt, in which case the above information is provided for the sole purpose of determining compliance as required by 11 U.S.C. 1325(a)(4).

2. **TENANCY BY THE ENTIRETY:** All the net value in the following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (No limit on amount or number of items.) (See * above which shall also apply with respect to this exemption.)

| Description of Property & Address | |
|-----------------------------------|--|
| 1. | |
| 2. | |

3. **MOTOR VEHICLE EXEMPTION:** Each debtor can claim an exemption in only one vehicle, not to exceed \$3,500.00 in net value. (N.C.G.S. § 1C-1601(a)(3))

| Year, Make, Model, Style of Motor Vehicle | Market Value | Lien Holder | Amount of Lien | Net Value |
|---|--------------|---------------------|----------------|-----------|
| 2005 Ford F150 | \$12,465.00 | Carmax Auto Finance | \$15,985.00 | \$0.00 |

| | |
|---------------------------------|------------|
| TOTAL NET VALUE: | \$0.00 |
| VALUE CLAIMED AS EXEMPT: | \$3,500.00 |

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS:** (Each debtor can retain an aggregate interest, not to exceed \$2,000.00 in net value.) (N.C.G.S. § 1C-1601(a)(5))

| Description | Market Value | Lien Holder | Amount of Lien | Net Value |
|-------------|--------------|-------------|----------------|-----------|
| | | | | |

| | |
|---------------------------------|--|
| TOTAL NET VALUE: | |
| VALUE CLAIMED AS EXEMPT: | |

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES:** Each debtor can retain a total aggregate interest, not to exceed \$5,000.00 in net value, plus \$1000.00 in net value for each dependent of the debtor (not to exceed \$4,000 total for dependents.) (N.C.G.S. § 1C-1601(a)(4) & NC Const., Article X, Section 1)

The number of dependents for exemption purposes is: _____

| Description of Property | Market Value | Lien Holder | Amount of Lien | Net Value |
|-------------------------|--------------|-------------|----------------|------------|
| Clothing & Personal | | | | \$1,000.00 |
| Kitchen Appliances | | | | \$150.00 |
| Stove | | | | \$0.00 |
| Refrigerator | | | | \$0.00 |
| Freezer | | | | \$0.00 |
| Washing Machine | | | | \$50.00 |
| Dryer | | | | \$50.00 |

| | | | | |
|--------------------------|--|--|--|----------|
| China | | | | \$0.00 |
| Silver | | | | \$0.00 |
| Jewelry | | | | \$75.00 |
| Living Room Furniture | | | | \$0.00 |
| Den Furniture | | | | \$50.00 |
| Bedroom Furniture | | | | \$100.00 |
| Dining Room Furniture | | | | \$40.00 |
| Lawn Furniture | | | | \$0.00 |
| Television | | | | \$600.00 |
| () Stereo () Radio | | | | \$0.00 |
| () VCR () Video Camera | | | | \$40.00 |
| Musical Instruments | | | | \$0.00 |
| () Piano () Organ | | | | \$0.00 |
| Air Conditioner | | | | \$0.00 |
| Paintings or Art | | | | \$20.00 |
| Lawn Mower | | | | \$50.00 |
| Yard Tools | | | | \$0.00 |
| Crops | | | | \$0.00 |
| Recreational Equipment | | | | \$0.00 |
| Computer Equipment | | | | \$100.00 |

| | |
|---------------------------------|------------|
| TOTAL NET VALUE: | \$2,325.00 |
| VALUE CLAIMED AS EXEMPT: | \$5,000.00 |

6. **LIFE INSURANCE:** There is no limit on amount or number of policies. (N.C.G.S. § 1C-1601(a)(6) & NC Const., Article X, Sect. 5)

| Description & Company | Insured | Last 4 Digits of Policy Number | Beneficiary (If child, use initials only) |
|-----------------------|---------|--------------------------------|--|
| | | | |

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS:** Debtor or Debtor's Dependents. (No limit on value.) (N.C.G.S. § 1C-1601(a)(7))

| |
|-------------|
| Description |
| |

8. **COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT.** There is no limit on this exemption. All such amounts are claimed as exempt. (The compensation is not exempt from related legal, health or funeral expenses.) (N.C.G.S. § 1C-1601(a)(8))

| Description | Source of Compensation | Last 4 Digits of Any Account Number |
|-------------|------------------------|-------------------------------------|
| | | |

The Debtor claims an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtor under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (N.C.G.S. § 1C-1601(a)(9)) (No limit on number or amount.). Debtor claims an exemption in all such plans, plus all other **RETIREMENT FUNDS** as defined in 11 U.S.C. Section 522(b)(3)(c).
10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** Total net value not to exceed \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses. (N.C.G.S. § 1C-1601(a)(10))

| College Savings Plan | Last 4 Digits of Account Number | Initials of Child Beneficiary | Value |
|----------------------|---------------------------------|-------------------------------|-------|
| | | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

11. **RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES.** (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.) (N.C.G.S. § 1C-1601(a)(11))

| Name of Retirement Plan | State or Governmental Unit | Last 4 Digits of Identifying Number | Value |
|-------------------------|----------------------------|-------------------------------------|-------|
| | | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

12. **ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED** (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.) (N.C.G.S. § 1C-1601(a)(12))

| Type of Support | Location of Funds | Amount |
|-----------------|-------------------|--------|
| | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

13. **WILDCARD EXEMPTION:** Each debtor can retain a total aggregate interest in any other property, not to exceed a net value of \$5,000.00, or the unused portion of the debtor's residence exemption , whichever is less. (N.C.G.S. § 1C-1601(a)(2))

| Description of the Property | Market Value | Lien Holder | Amount of Lien | Net Value |
|---|--------------|-------------|----------------|------------|
| Any property owned by the debtor(s), not otherwise claimed as exempt. | | | | \$4,092.00 |
| Carolina Metro Checking and Savings | \$827.00 | | | \$827.00 |
| 2015 Tax Refund 1/2 Interest | \$162.00 | | | \$81.00 |

| | |
|---------------------------------|-------------------|
| TOTAL NET VALUE: | \$5,000.00 |
| VALUE CLAIMED AS EXEMPT: | \$5,000.00 |

14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

| | Amount |
|---|--------|
| Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36 | |
| Aid to the Blind N.C.G.S. § 111-18 | |
| Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15 | |
| North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31 | |
| North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9 | |
| Fireman's and Rescue Workers' Pensions N.C.G.S. § 58-86-90 | |
| Workers Compensation Benefits N.C.G.S. § 97-21 | |
| Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17 | |
| Group Insurance Proceeds N.C.G.S. § 58-58-165 | |
| Partnership Property, except on a claim against the partnership N.C.G.S. § 59-55 | |
| Wages of Debtor necessary for the support of family N.C.G.S. § 1-362 | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

| | Amount |
|--|--------|
| Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060 | |
| Social Security Benefits 42 U.S.C. § 407 | |
| Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717 | |
| Wages of Fishermen, Seamen and Apprentices, 46 U.S.C. § 11108 &11109 | |
| Civil Service Retirement Benefits 5 U.S.C. § 8346 | |
| Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916 | |
| Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m | |
| Veteran benefits 38 U.S.C. § 5301 | |

| | |
|--|--|
| Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562 | |
|--|--|

| | |
|--------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|--------------------------|--|

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned Debtor, declares under penalty of perjury that I have read the foregoing document, consisting of 14 paragraphs on consecutive pages, and that they are true and correct to the best of my knowledge, information and belief.

Dated: March 23, 2016

s/ Mark Douglas Harrison

Mark Douglas Harrison

**UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
WINSTON-SALEM DIVISION**

In Re:

Crystal Theresa Zagwyn Harrison

Case No. _____

Social Security No.: xxx-xx-9387
 Address: 1010 A West Main Street Ste 101, Locust, NC 28097

Form 91C (rev. 1/21/14)

Debtor.

DEBTOR'S CLAIM FOR PROPERTY EXEMPTIONS

The undersigned Debtor hereby claims the following property as exempt pursuant to 11 U.S.C. Sections 522(b)(3)(A),(B), and (C), the North Carolina General Statues, and non-bankruptcy federal law. Undersigned Debtor is claiming and intends to claim as exempt 100% of Debtor's interest in each and every item listed, irrespective of the actual value claimed as exempt.

1. RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Each debtor can retain an aggregate interest in such property, **not to exceed a total net value of \$35,000.** (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

| Description of Property & Address | Market Value | Mortgage Holder or Lien Holder | Amount of Mortgage or Lien | Net Value |
|-----------------------------------|--------------|--------------------------------|----------------------------|-----------|
| N/A | | | | |

| | |
|------------------------------------|--|
| TOTAL NET VALUE: | |
| VALUE CLAIMED AS EXEMPT: | |
| UNUSED AMOUNT OF EXEMPTION: | |

RESIDENCE EXEMPTION: REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT.

Exception to \$18,500 limit: An unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in property **not to exceed \$60,000** in net value, so long as: (1) the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and (2) the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of the former co-owner (if a child use initials only) of the property below. (N.C.G.S. § 1C-1601(a)(1) (NC Const. Article X, Section 2)(See * below)

| Description of Property & Address | Market Value | Mortgage Holder or Lien Holder | Amount of Mortgage or Lien | Net Value |
|-----------------------------------|--------------|--------------------------------|----------------------------|-----------|
| | minus 6% | | | |

| | | |
|--------------------------|------------------------------------|--|
| Debtor's Age: | TOTAL NET VALUE: | |
| Name of former co-owner: | VALUE CLAIMED AS EXEMPT: | |
| | UNUSED AMOUNT OF EXEMPTION: | |

* Note to all interested parties: Notwithstanding the above, in the event that: (1) this concerns a Chapter 13 case filed within 12 months after the dismissal of a prior bankruptcy case, and (2) a creditor has, prior to the filing of this case, taken an "action" as that term is defined in In re: Paschal, 337 B.R. 27 (2006), the debtor(s) do not claim the property as exempt, in which case the above information is provided for the sole purpose of determining compliance as required by 11 U.S.C. 1325(a)(4).

2. **TENANCY BY THE ENTIRETY:** All the net value in the following property is claimed as exempt pursuant to 11 U.S.C. § 522(b)(3)(B) and the law of the State of North Carolina pertaining to property held as tenants by the entirety. (No limit on amount or number of items.) (See * above which shall also apply with respect to this exemption.)

| Description of Property & Address | |
|-----------------------------------|--|
| 1. | |
| 2. | |

3. **MOTOR VEHICLE EXEMPTION:** Each debtor can claim an exemption in only one vehicle, not to exceed \$3,500.00 in net value. (N.C.G.S. § 1C-1601(a)(3))

| Year, Make, Model, Style of Motor Vehicle | Market Value | Lien Holder | Amount of Lien | Net Value |
|---|--------------|-------------|----------------|-----------|
| N/A | | | | |

| | |
|---------------------------------|--|
| TOTAL NET VALUE: | |
| VALUE CLAIMED AS EXEMPT: | |

4. **TOOLS OF TRADE, IMPLEMENTS, OR PROFESSIONAL BOOKS:** (Each debtor can retain an aggregate interest, not to exceed \$2,000.00 in net value.) (N.C.G.S. § 1C-1601(a)(5))

| Description | Market Value | Lien Holder | Amount of Lien | Net Value |
|------------------------|--------------|-------------|----------------|-----------|
| Chiropractic Equipment | \$500.00 | None | \$0.00 | \$500.00 |

| | |
|---------------------------------|------------|
| TOTAL NET VALUE: | \$500.00 |
| VALUE CLAIMED AS EXEMPT: | \$2,000.00 |

5. **PERSONAL PROPERTY USED FOR HOUSEHOLD OR PERSONAL PURPOSES:** Each debtor can retain a total aggregate interest, not to exceed \$5,000.00 in net value, plus \$1000.00 in net value for each dependent of the debtor (not to exceed \$4,000 total for dependents.) (N.C.G.S. § 1C-1601(a)(4) & NC Const., Article X, Section 1)

The number of dependents for exemption purposes is: _____

| Description of Property | Market Value | Lien Holder | Amount of Lien | Net Value |
|-------------------------|--------------|-------------|----------------|------------|
| Clothing & Personal | | | | \$1,000.00 |
| Kitchen Appliances | | | | \$150.00 |
| Stove | | | | \$0.00 |
| Refrigerator | | | | \$0.00 |
| Freezer | | | | \$0.00 |
| Washing Machine | | | | \$50.00 |
| Dryer | | | | \$50.00 |

| | | | | |
|--------------------------|--|--|--|----------|
| China | | | | \$0.00 |
| Silver | | | | \$0.00 |
| Jewelry | | | | \$75.00 |
| Living Room Furniture | | | | \$0.00 |
| Den Furniture | | | | \$50.00 |
| Bedroom Furniture | | | | \$100.00 |
| Dining Room Furniture | | | | \$40.00 |
| Lawn Furniture | | | | \$0.00 |
| Television | | | | \$600.00 |
| () Stereo () Radio | | | | \$0.00 |
| () VCR () Video Camera | | | | \$40.00 |
| Musical Instruments | | | | \$0.00 |
| () Piano () Organ | | | | \$0.00 |
| Air Conditioner | | | | \$0.00 |
| Paintings or Art | | | | \$20.00 |
| Lawn Mower | | | | \$50.00 |
| Yard Tools | | | | \$0.00 |
| Crops | | | | \$0.00 |
| Recreational Equipment | | | | \$0.00 |
| Computer Equipment | | | | \$100.00 |

| | |
|---------------------------------|------------|
| TOTAL NET VALUE: | \$2,325.00 |
| VALUE CLAIMED AS EXEMPT: | \$5,000.00 |

6. **LIFE INSURANCE:** There is no limit on amount or number of policies. (N.C.G.S. § 1C-1601(a)(6) & NC Const., Article X, Sect. 5)

| Description & Company | Insured | Last 4 Digits of Policy Number | Beneficiary (If child, use initials only) |
|-----------------------|---------|--------------------------------|--|
| | | | |

7. **PROFESSIONALLY PRESCRIBED HEALTH AIDS:** Debtor or Debtor's Dependents. (No limit on value.) (N.C.G.S. § 1C-1601(a)(7))

| |
|-------------|
| Description |
| |

8. **COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR THE DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDENT FOR SUPPORT.** There is no limit on this exemption. All such amounts are claimed as exempt. (The compensation is not exempt from related legal, health or funeral expenses.) (N.C.G.S. § 1C-1601(a)(8))

| Description | Source of Compensation | Last 4 Digits of Any Account Number |
|-------------|------------------------|-------------------------------------|
| | | |

The Debtor claims an exemption in any possible consumer rights claim only to the extent that the settlement/award is found by the Bankruptcy Court, upon the filing of a Motion for Approval of Settlement/Award and for Allowance of Exemptions and an Amendment to this Schedule C, to be in the nature of a personal injury claim, if allowed as exempt under applicable law, or to the extent that it is found to be other than a personal injury claim only to the extent of the dollar amount available to the Debtor under another exemption, such as the wildcard exemption, under applicable exemptions law. The time within which the trustee may object to the claiming of any exemption in this asset, shall be deemed tolled until such time as the Motion and Amendment are filed and served upon the trustee.

9. **INDIVIDUAL RETIREMENT PLANS AS DEFINED IN THE INTERNAL REVENUE CODE AND ANY PLAN TREATED IN THE SAME MANNER AS AN INDIVIDUAL RETIREMENT PLAN UNDER THE INTERNAL REVENUE CODE.** (N.C.G.S. § 1C-1601(a)(9)) (No limit on number or amount.). Debtor claims an exemption in all such plans, plus all other **RETIREMENT FUNDS** as defined in 11 U.S.C. Section 522(b)(3)(c).
10. **COLLEGE SAVINGS PLANS QUALIFIED UNDER SECTION 529 OF THE INTERNAL REVENUE CODE.** Total net value not to exceed \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, such contributions must have been made in the ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses. (N.C.G.S. § 1C-1601(a)(10))

| College Savings Plan | Last 4 Digits of Account Number | Initials of Child Beneficiary | Value |
|----------------------|---------------------------------|-------------------------------|-------|
| | | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

11. **RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENT UNITS OF OTHER STATES.** (The debtor's interest is exempt only to the extent that these benefits are exempt under the law of the State or governmental unit under which the benefit plan is established.) (N.C.G.S. § 1C-1601(a)(11))

| Name of Retirement Plan | State or Governmental Unit | Last 4 Digits of Identifying Number | Value |
|-------------------------|----------------------------|-------------------------------------|-------|
| | | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

12. **ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED** (The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor.) (N.C.G.S. § 1C-1601(a)(12))

| Type of Support | Location of Funds | Amount |
|-----------------|-------------------|--------|
| | | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

13. **WILDCARD EXEMPTION:** Each debtor can retain a total aggregate interest in any other property, not to exceed a net value of \$5,000.00, or the unused portion of the debtor's residence exemption , whichever is less. (N.C.G.S. § 1C-1601(a)(2))

| Description of the Property | Market Value | Lien Holder | Amount of Lien | Net Value |
|--|--------------|-------------|----------------|------------|
| Any property owned by the debtor(s), not otherwise claimed as exempt. | | | | \$3,408.50 |
| Carolina Metro Checking and Savings | \$1,370.00 | | | \$1,370.00 |
| Wood Forest Checking and Savings | \$77.00 | | | \$77.00 |
| Wood Forest Checking and Savings 1/2 Interest | \$127.00 | | | \$63.50 |
| Sole Proprietorship dba Crystal Theresa Zagwyn Harrison 1/2 Interest | \$0.00 | | | \$0.00 |
| 2015 Tax Refund 1/2 Interest | \$162.00 | | | \$81.00 |

| | |
|---------------------------------|-------------------|
| TOTAL NET VALUE: | \$5,000.00 |
| VALUE CLAIMED AS EXEMPT: | \$5,000.00 |

14. OTHER EXEMPTIONS CLAIMED UNDER THE LAWS OF THE STATE OF NORTH CAROLINA:

| | Amount |
|---|--------|
| Aid to the Aged, Disabled and Families with Dependent Children N.C.G.S. § 108A-36 | |
| Aid to the Blind N.C.G.S. § 111-18 | |
| Yearly Allowance of Surviving Spouse N.C.G.S. § 30-15 | |
| North Carolina Local Government Employees Retirement Benefits N.C.G.S. § 128-31 | |
| North Carolina Teachers and State Employee Retirement Benefits N.C.G.S. § 135-9 | |
| Fireman's and Rescue Workers' Pensions N.C.G.S. § 58-86-90 | |
| Workers Compensation Benefits N.C.G.S. § 97-21 | |
| Unemployment benefits, so long as not commingled and except for debts for necessities purchased while unemployed N.C.G.S. § 96-17 | |
| Group Insurance Proceeds N.C.G.S. § 58-58-165 | |
| Partnership Property, except on a claim against the partnership N.C.G.S. § 59-55 | |
| Wages of Debtor necessary for the support of family N.C.G.S. § 1-362 | |

| | |
|---------------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|---------------------------------|--|

15. EXEMPTIONS CLAIMED UNDER NON-BANKRUPTCY FEDERAL LAW:

| | Amount |
|---|--------|
| Foreign Service Retirement and Disability Payments 22 U.S.C. § 4060 | |
| Social Security Benefits 42 U.S.C. § 407 | |

| | |
|--|--|
| Injury or death compensation payments from war risk hazards 42 U.S.C. § 1717 | |
| Wages of Fishermen, Seamen and Apprentices, 46 U.S.C. § 11108 &11109 | |
| Civil Service Retirement Benefits 5 U.S.C. § 8346 | |
| Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. § 916 | |
| Railroad Retirement Act annuities and pensions 45 U.S.C. § 231m | |
| Veteran benefits 38 U.S.C. § 5301 | |
| Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. § 1562 | |

| | |
|--------------------------|--|
| VALUE CLAIMED AS EXEMPT: | |
|--------------------------|--|

UNSWORN DECLARATION UNDER PENALTY OF PERJURY

I, the undersigned Debtor, declares under penalty of perjury that I have read the foregoing document, consisting of 14 paragraphs on consecutive pages, and that they are true and correct to the best of my knowledge, information and belief.

Dated: March 23, 2016

s/ Crystal Theresa Zagwyn Harrison
Crystal Theresa Zagwyn Harrison

Fill in this information to identify your case:

| | | | | |
|---|--|------------|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | First Name | Middle Name | Last Name |
| (Spouse if, filing) | | | | |
| United States Bankruptcy Court for the: | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | | |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| | | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|-----|--|--|---|---|
| 2.1 | Carmax Auto Finance Creditor's Name | \$15,985.00 | \$12,465.00 | \$3,520.00 |
| | Attn: Managing Agent Post Office Box 440609 Kennesaw, GA 30160 Number, Street, City, State & Zip Code | Describe the property that secures the claim: 2005 Ford F150 129,000 miles VIN : 1FTPW14585FA99678 Geico Insurance Policy# 4276373398 90% Clean Retail | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Purchase Money Security Interest |

Date debt was incurred _____ Last 4 digits of account number _____

| | | | | | |
|-----|---|--|---|--------------------|--------------------|
| 2.2 | Santander Consumer USA ** Creditor's Name | Describe the property that secures the claim: 2011 Nissan Juke 63,656 miles VIN: JN8AF5MV1BT022858 Geico Insurance Policy# 4276373398 90% Clean Retail To Be Surrendered | \$25,415.00 | \$11,070.00 | \$14,345.00 |
| | Attn: Bankruptcy/Managing Agent Post Office Box 560284 Dallas, TX 75356-0284 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | |

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Debtor 1 Mark Douglas Harrison

First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Debtor 2 Crystal Theresa Zagwyn Harrison

First Name _____ Middle Name _____ Last Name _____

 At least one of the debtors and another Judgment lien from a lawsuit Check if this claim relates to a
community debt Other (including a right to offset)**Purchase Money Security Interest**

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$41,400.00

If this is the last page of your form, add the dollar value totals from all pages.

\$41,400.00

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | | |
|---|--|--|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|--|---------------------------------|---|--------------------|
| 2.1 Carrie Baker Priority Creditor's Name 3821 Olive Branch Road Monroe, NC 28110 Number Street City State Zip Code | Last 4 digits of account number | \$0.00 | \$0.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Check if this claim is for a community debt | | Type of PRIORITY unsecured claim: <input checked="" type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? | | Possible Marital/Child Support Obligation | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

| | | | |
|--|---------------------------------|---|--------|
| 2.2 Internal Revenue Service (MD)** Priority Creditor's Name Post Office Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code | Last 4 digits of account number | \$0.00 | \$0.00 |
| Who incurred the debt? Check one. | When was the debt incurred? | As of the date you file, the claim is: Check all that apply | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| <input type="checkbox"/> Check if this claim is for a community debt | | Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | |
| Is the claim subject to offset? | | Notice Purposes Only | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | | | | |
|-----|---|--|-----------------------------|--------|--------|
| 2.3 | North Carolina Dept. of Revenue** Priority Creditor's Name Post Office Box 1168 Raleigh, NC 27602-1168 Number Street City State Zip Code | Last 4 digits of account number _____ | \$0.00 | \$0.00 | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? _____ | | | |
| | <input type="checkbox"/> Debtor 1 only | As of the date you file, the claim is: Check all that apply | | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Contingent | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Disputed | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | | |
| | <input type="checkbox"/> Is the claim subject to offset? | <input type="checkbox"/> Domestic support obligations | | | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| | | <input type="checkbox"/> Other. Specify _____ | Notice Purposes Only | | |

| | | | | | |
|-----|---|--|--------------------------------|---------|--------|
| 2.4 | Stanly County Tax Collector Priority Creditor's Name 201 South Second Street Albemarle, NC 28001 Number Street City State Zip Code | Last 4 digits of account number _____ | \$93.91 | \$93.91 | \$0.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? 2015 | | | |
| | <input type="checkbox"/> Debtor 1 only | As of the date you file, the claim is: Check all that apply | | | |
| | <input type="checkbox"/> Debtor 2 only | <input type="checkbox"/> Contingent | | | |
| | <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Unliquidated | | | |
| | <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Disputed | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | Type of PRIORITY unsecured claim: | | | |
| | <input type="checkbox"/> Is the claim subject to offset? | <input type="checkbox"/> Domestic support obligations | | | |
| | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | |
| | | <input type="checkbox"/> Other. Specify _____ | Personal Property Taxes | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | |
|---|--|
| 4.1 | <p>.IMPORTANT NOTICE: _____ \$0.00</p> <p>Nonpriority Creditor's Name _____</p> <p>See notice re: creditor claims set forth on Schedule A</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> |
| <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> | |
| 4.2 | <p>Allstate Insurance Company** _____ Unknown</p> <p>Nonpriority Creditor's Name _____</p> <p>Post Office Box 12055 1819 Electric Road SW Roanoke, VA 24018</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Services Rendered Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED _____</p> | |
| 4.3 | <p>AT&T Mobility ***** _____ \$343.00</p> <p>Nonpriority Creditor's Name _____</p> <p>c/o Bankruptcy 1801 Valley View Lane Dallas, TX 75234</p> <p>Number Street City State Zip Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Services Rendered Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED _____</p> | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | |
|--|--|-------------------|
| 4.4 Bank of America Nonpriority Creditor's Name 4060 Ogletown/Stanton Road Newark, DE 19713 Number Street City State Zip Code | Last 4 digits of account number _____ | \$3,144.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify <u>NOT ADMITTED</u> | | |

| | | |
|--|--|-----------------|
| 4.5 Bank of America ** Nonpriority Creditor's Name Post Office Box 15284 Wilmington, DE 19850 Number Street City State Zip Code | Last 4 digits of account number _____ | \$965.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify <u>NOT ADMITTED</u> | | |

| | | |
|--|--|-------------------|
| 4.6 Best Buy Credit Services *** Nonpriority Creditor's Name c/o Citibank, N.A Post Office Box 790441 Saint Louis, MO 63179 Number Street City State Zip Code | Last 4 digits of account number _____ | \$1,645.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | |
| Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify <u>NOT ADMITTED</u> | | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

4.7

Capital One

Nonpriority Creditor's Name

**Post Office Box 71083
Charlotte, NC 28272**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
 Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$4,083.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Credit Card Purchases**Disputed re: amt, int, fees, ownership, etc.** Other. Specify _____**NOT ADMITTED**

4.8

Capital One

Nonpriority Creditor's Name

**Post Office Box 71083
Charlotte, NC 28272**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$2,260.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Credit Card Purchases**Disputed re: amt, int, fees, ownership, etc.** Other. Specify _____**NOT ADMITTED**

4.9

Capital One

Nonpriority Creditor's Name

**Post Office Box 71083
Charlotte, NC 28272**

Number Street City State Zip Code

Who incurred the debt? Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

 No Yes

Last 4 digits of account number _____

\$714.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Credit Card Purchases**Disputed re: amt, int, fees, ownership, etc.** Other. Specify _____**NOT ADMITTED**

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | |
|------------------|--|---|
| 4.1 0 | <p>Carolinas Health Care System Nonpriority Creditor's Name Post Office Box 70826 Charlotte, NC 28272 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ Unknown</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Medical Bill Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| | | \$40.84 |
| 4.1 1 | <p>Childrens Urology of the Carolinas Nonpriority Creditor's Name 1718 East 4th Street STE 805 Charlotte, NC 28204 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number 1315 \$40.84</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Medical Bill Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| | | \$40.84 |
| 4.1 2 | <p>Citibank ** Nonpriority Creditor's Name Post Office Box 6500 Sioux Falls, SD 57117-6500 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$580.06</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| | | \$580.06 |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | |
|---|---|--|
| <div style="border: 1px solid black; padding: 2px;">4.1 3</div> | <p>Comenity Bank- New York & Company Nonpriority Creditor's Name Post Office Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes Credit Card Purchases <input checked="" type="checkbox"/> Other. Specify Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | Last 4 digits of account number _____ \$463.00 When was the debt incurred? _____ |
|---|---|--|

| | | |
|---|---|--|
| <div style="border: 1px solid black; padding: 2px;">4.1 4</div> | <p>Credit Acceptance Corporation Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 513 Southfield, MI 48037-0513 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans <input type="checkbox"/> Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes Repossession Deficiency <input checked="" type="checkbox"/> Other. Specify Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | Last 4 digits of account number _____ \$8,606.00 When was the debt incurred? _____ |
|---|---|--|

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | |
|--|---|
| 4.1 5 <p>Credit One Bank, N.A. *** Nonpriority Creditor's Name Post Office Box 98873 Las Vegas, NV 89193-8873 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$694.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| <hr/> 4.1 6 <p>Duke Energy Progress *** Nonpriority Creditor's Name Post Office Box 1771 Raleigh, NC 27602 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number _____ \$124.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Services Rendered Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | |
| <hr/> 4.1 7 <p>First National Bank Nonpriority Creditor's Name 604 N. Derby Lane North Sioux City, SD 57049 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | |
| <p>Last 4 digits of account number _____ \$3,250.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

4.1
8

| | | |
|---|--|--------------------|
| GEMB Lending, Inc. | Last 4 digits of account number _____ | \$18,559.14 |
| Nonpriority Creditor's Name Post Office Box 5064 Irvine, CA 92619 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED | |

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| George Brown Associates, Inc.*** | Last 4 digits of account number _____ | \$86.00 |
| Nonpriority Creditor's Name 2200 Crownpoint Executive Drive Charlotte, NC 28227 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | |
| Is the claim subject to offset? | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| <input type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | Medical Collection Account Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.2 0</div> <p>Hyundai Motor Finance Company <small>Nonpriority Creditor's Name</small> Attn: Managing Agent 10550 Talbert Avenue Fountain Valley, CA 92708 <small>Number Street City State Zip Code</small></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____ Repossession Deficiency Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | <p>Last 4 digits of account number _____ \$2,212.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> |
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| <div style="border: 1px solid black; padding: 2px;">1</div> <p>IC Systems***** <small>Nonpriority Creditor's Name</small> Post Office Box 64378 Saint Paul, MN 55164-0378 <small>Number Street City State Zip Code</small></p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify _____ Medical Collection Account Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | <p>Last 4 digits of account number _____ \$519.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> |
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Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.2 2</div> <p>Locust Medical Services Nonpriority Creditor's Name Post Office Box 70826 Charlotte, NC 28272 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Other. Specify _____</p> | <p>Last 4 digits of account number 7441</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Medical Bill Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | <p>\$25.00</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.2 3</div> <p>Massachusetts Educational Financing Aut Nonpriority Creditor's Name 160 Federal Street #4 Boston, MA 02110 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Other. Specify _____</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Student Loan Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | <p>Unknown</p> |
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| <div style="border: 1px solid black; padding: 2px;">4.2 4</div> <p>Medicredit Corporation ** Nonpriority Creditor's Name P.O. Box 411187 Saint Louis, MO 63141-3187 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes <input type="checkbox"/> Unliquidated <input type="checkbox"/> Other. Specify _____</p> | <p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Medical Collection Acocunt Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | <p>\$25.00</p> |
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Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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|---|---------------------------------------|----------|
| Merrick Bank *** Nonpriority Creditor's Name Post Office Box 9201 Old Bethpage, NY 11804-9201 Number Street City State Zip Code | Last 4 digits of account number _____ | \$857.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED | | |

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|---|---------------------------------------|------------|
| National Collegiate Trust Nonpriority Creditor's Name 1200 North 7th Street Harrisburg, PA 17102 Number Street City State Zip Code | Last 4 digits of account number _____ | \$6,599.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Student Loan Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED | | |

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|--|---------------------------------------|-------------|
| National Collegiate Trust Nonpriority Creditor's Name 2401 International Lane Madison, WI 53704 Number Street City State Zip Code | Last 4 digits of account number _____ | \$10,268.00 |
| When was the debt incurred? _____ | | |
| As of the date you file, the claim is: Check all that apply | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | |
| Student Loan Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED | | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| 4.2 8 | <p>Navient Nonpriority Creditor's Name Post Office Box 13611 Philadelphia, PA 19101-3611 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> | <p>Last 4 digits of account number _____ \$82,263.14</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> <p>Student Loan Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| 4.2 9 | <p>Nelnet Nonpriority Creditor's Name c/o Dept of Education Post Office Box 9655 Wilkes Barre, PA 18773 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> | <p>Last 4 digits of account number _____ \$228,095.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p> <p>Student Loan Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.3 0</div> | <p>Novant**</p> <p>Nonpriority Creditor's Name PO Box 602584 Charlotte, NC 28260-2584</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> | <p>Last 4 digits of account number _____ \$5,000.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> |
| | <p>Medical Bill Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | |
| <div style="border: 1px solid black; padding: 2px;">4.3 1</div> | <p>Piedmont Natural Gas Company**</p> <p>Nonpriority Creditor's Name 4339 South Tryon Street Charlotte, NC 28217-1733</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> | |
| | <p>Services Rendered Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| 4.3 2 | Select Portfolio Servicing** Nonpriority Creditor's Name Attn: Bankruptcy Department Post Office Box 65250 Salt Lake City, UT 84165 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |
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Possible Obligation
Disputed re: amt, int, fees, ownership, etc.
NOT ADMITTED

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|----------|---|--|
| 4.3 3 | Sprint Nextel-Correspondence***** Nonpriority Creditor's Name Attn: Bankruptcy Department Post Office Box 7949 Overland Park, KS 66207-0949 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$121.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts |
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Services Rendered
Disputed re: amt, int, fees, ownership, etc.
NOT ADMITTED

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| 4.3 4 | <p>Stanley4 Rent Nonpriority Creditor's Name 1st Street Albemarle, NC 28001 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$1,890.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Rent Deficiency Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| 4.3 5 | <p>Synchrony Bank Nonpriority Creditor's Name Post Office Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$288.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |
| 4.3 6 | <p>Synchrony Bank- JcPenny Nonpriority Creditor's Name Post Office Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify _____</p> <p><input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$730.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. NOT ADMITTED</p> |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

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| <div style="border: 1px solid black; padding: 2px;">4.3 7</div> Synchrony Bank- Lending Nonpriority Creditor's Name Post Office Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code | Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Possible Obligation Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify NOT ADMITTED | |
| <hr/> <div style="border: 1px solid black; padding: 2px;">4.3 8</div> Synchrony Bank- Walmart Nonpriority Creditor's Name Post Office Box 965060 Orlando, FL 32896-5060 Number Street City State Zip Code | |
| Last 4 digits of account number _____ \$710.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify NOT ADMITTED | |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | |
|----------|---|--|
| 4.3 9 | Time Warner Cable ** Nonpriority Creditor's Name 101 Innovation Avenue Suite 100 Morrisville, NC 27560-8586 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$543.19 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Services Rendered Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify _____ NOT ADMITTED |
| 4.4 0 | Truliant Federal Credit Union Nonpriority Creditor's Name Attn: Managing Agent 2098 Frontis Plaza Boulevard Winston Salem, NC 27103 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Possible Obligation Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify _____ NOT ADMITTED |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

4.4
1

| | | |
|--|--|------------|
| Wells Fargo Financial Cards | Last 4 digits of account number _____ | \$3,130.00 |
| Nonpriority Creditor's Name Post Office Box 14517 Des Moines, IA 50306 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Credit Card Purchases <input type="checkbox"/> Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | Credit Card Purchases Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify NOT ADMITTED | |

4.4
2

| | | |
|---|--|--------|
| Wells Fargo Home Mortgage**** | Last 4 digits of account number _____ | \$0.00 |
| Nonpriority Creditor's Name Attn: Managing Agent Post Office Box 10335 Des Moines, IA 50306 | When was the debt incurred? _____ | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Credit Card Purchases <input type="checkbox"/> Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | |
| | Possible Obligation Disputed re: amt, int, fees, ownership, etc. <input checked="" type="checkbox"/> Other. Specify NOT ADMITTED | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
ACS Education Loan Services, LLC
501 Bleeker Street
Utica, NY 13501

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Dominion Law Associates
Attorneys & Counselors at Law
222 Central Park Avenue, Suite 210
Virginia Beach, VA 23462-3026

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Name and Address
Enhanced Recovery Company, LLC**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

**8014 Bayberry Road
 Jacksonville, FL 32256**

Last 4 digits of account number

Name and Address
**Frontline Asset Strategies, LLC **
 2700 Snelling Avenue North
 Suite 250
 Roseville, MN 55113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**LTD Financial Services, L.P.
 P.O. Box 630769
 Houston, TX 77263-0769**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**NC Department of Justice
 for NC Department of Revenue
 Post Office Box 629
 Raleigh, NC 27602-0629**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**North Carolina DMV
 1100 New Bern Avenue
 Raleigh, NC 27697**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Online Information System
 685 W. Fire Tower Road
 Winterville, NC 28590**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**The Honorable Loretta Lynch
 U.S. Department of Justice
 950 Pennsylvania Ave. NW
 Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**The Honorable Loretta Lynch
 U.S. Department of Justice
 950 Pennsylvania Ave. NW
 Washington, DC 20530-0001**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**TransWorld Systems
 Post Office Box 15943
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
US Attorney's Office (MD)
 101 S. Edgeworth Street, 4th floor
 Greensboro, NC 27401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
**Zwicker & Associates, PC
 Attorneys at Law
 Post Office Box 9013
 Andover, MA 01810-9013**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total claims from Part 1 | 6a. Domestic support obligations | 6a. \$ 0.00 | Total Claim |
|--------------------------------|---|--------------------------|-------------|
| | 6b. Taxes and certain other debts you owe the government | 6b. \$ 93.91 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. \$ 0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. \$ 0.00 | |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. \$ 93.91 | |
| Total claims from Part 2 | 6f. Student loans | 6f. \$ 310,358.14 | Total Claim |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. \$ 0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. \$ 0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. \$ 78,624.06 | |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. \$ 388,982.20 | |

Fill in this information to identify your case:

| | | | | |
|---|--|--|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Crystal Theresa Zagwyn Harrison | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|---|
| 2.1 AT&T Mobility ***** c/o Bankruptcy 1801 Valley View Lane Dallas, TX 75234 | Month to Month Contract |
| 2.2 Sprint Nextel-Correspondence***** Attn: Bankruptcy Department Post Office Box 7949 Overland Park, KS 66207-0949 | Month to Month contract |

Fill in this information to identify your case:

| | | | | |
|---|--|--|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 Russell Cottle -Deceased

- Schedule D, line _____
 Schedule E/F, line 4.23
 Schedule G _____
Massacheusetts Educational Financing Aut

3.2 Ruth E. Cottle- Deceased

- Schedule D, line _____
 Schedule E/F, line 4.23
 Schedule G _____
Massacheusetts Educational Financing Aut

Fill in this information to identify your case:

| | |
|---|--|
| Debtor 1 | Mark Douglas Harrison |
| Debtor 2 (Spouse, if filing) | Crystal Theresa Zagwyn Harrison |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) | |
| Case number (If known) | |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------|---|---|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | Senior Maintenance | Pharmacy Technician |
| Employer's name | Mecklenburg County | CVS Health |
| Employer's address | 8007 Pence Road Charlotte, NC 28202 | 8120 University City Blvd Charlotte, NC 28213 |

How long employed there? **16 Years**

2 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ 4,189.77 | \$ 1,042.38 |
| 3. Estimate and list monthly overtime pay. | 3. +\$ 0.00 | +\$ 0.00 |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ 4,189.77 | \$ 1,042.38 |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|----------------------|---|
| 4. | \$ <u>4,189.77</u> | \$ <u>1,042.38</u> |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ <u>935.09</u> | \$ <u>129.50</u> |
| 5b. Mandatory contributions for retirement plans | 5b. \$ <u>251.39</u> | \$ <u>0.00</u> |
| 5c. Voluntary contributions for retirement plans | 5c. \$ <u>0.00</u> | \$ <u>31.27</u> |
| 5d. Required repayments of retirement fund loans | 5d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5e. Insurance | 5e. \$ <u>518.27</u> | \$ <u>0.00</u> |
| 5f. Domestic support obligations | 5f. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5g. Union dues | 5g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5h. Other deductions. Specify: <u>Life Insurance</u> | 5h.+ \$ <u>1.80</u> | + \$ <u>0.00</u> |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | | |
| 6. | \$ <u>1,706.55</u> | \$ <u>160.77</u> |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | | |
| 7. | \$ <u>2,483.22</u> | \$ <u>881.61</u> |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8b. Interest and dividends | 8b. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8d. Unemployment compensation | 8d. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8e. Social Security | 8e. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8g. Pension or retirement income | 8g. \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8h. Other monthly income. Specify: | 8h.+ \$ <u>0.00</u> | + \$ <u>0.00</u> |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | | |
| 9. | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | |
| 10. | \$ <u>2,483.22</u> | + \$ <u>881.61</u> = \$ <u>3,364.83</u> |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| 11. | +\$ <u>0.00</u> | \$ <u>0.00</u> |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | | |
| 12. | \$ <u>3,364.83</u> | \$ <u>3,364.83</u> |
| Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | | |

Fill in this information to identify your case:

| | |
|---|---|
| Debtor 1 | Mark Douglas Harrison |
| Debtor 2 (Spouse, if filing) | Crystal Theresa Zagwyn Harrison |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) |
| Case number (If known) | _____ |

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes. Fill out this information for
each dependent.....

Do not state the
dependents names.

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

Son **7 Months**

No

Yes

No

Yes

No

Yes

No

Yes

Son **2**

No

Yes

No

Yes

No

Yes

Son **15**

No

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know
the value of such assistance and have included it on Schedule I: Your Income
(Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage
payments and any rent for the ground or lot.

4. \$ **250.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|-------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 0.00 |
| 4c. \$ | 0.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ <u>0.00</u> |
| | 6b. Water, sewer, garbage collection | 6b. \$ <u>0.00</u> |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>0.00</u> |
| | 6d. Other. Specify: <u>Cell Phone</u> | 6d. \$ <u>100.00</u> |
| | <u>Internet</u> | \$ <u>39.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>900.00</u> | |
| 8. Childcare and children's education costs | 8. \$ <u>1,025.00</u> | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>25.00</u> | |
| 10. Personal care products and services | 10. \$ <u>50.00</u> | |
| 11. Medical and dental expenses | 11. \$ <u>100.00</u> | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>350.00</u> | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>0.00</u> | |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> | |
| 15b. Health insurance | 15b. \$ <u>0.00</u> | |
| 15c. Vehicle insurance | 15c. \$ <u>168.00</u> | |
| 15d. Other insurance. Specify: | 15d. \$ <u>0.00</u> | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property Taxes</u> | 16. \$ <u>15.00</u> | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>381.00</u> | |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> | |
| 17c. Other. Specify: | 17c. \$ <u>0.00</u> | |
| 17d. Other. Specify: | 17d. \$ <u>0.00</u> | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> | |
| 19. Other payments you make to support others who do not live with you. Specify: | \$ <u>0.00</u> | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> | |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> | |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> | |
| 21. Other: Specify: | 21. +\$ <u>0.00</u> | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ <u>3,403.00</u> | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>3,403.00</u> | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>3,403.00</u> | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ <u>3,364.83</u> | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>3,403.00</u> | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>-38.17</u> | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |

Fill in this information to identify your case:

| | | | | |
|---|--|--|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | Crystal Theresa Zagwyn Harrison | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | |
| Case number (if known) | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | | Your assets Value of what you own |
|-----|---|---|
| 1. | Schedule A/B: Property (Official Form 106A/B) | \$ 0.00 |
| 1a. | Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B..... | \$ 28,433.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B..... | \$ 28,433.00 |

Part 2: Summarize Your Liabilities

| | | Your liabilities Amount you owe |
|-----|---|--|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$ 41,400.00 |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D... | \$ 41,400.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$ 93.91 |
| 3a. | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$ 93.91 |
| 3b. | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... | \$ 388,982.20 |
| | | Your total liabilities \$ 430,476.11 |

Part 3: Summarize Your Income and Expenses

| | | |
|----|---|--------------------|
| 4. | Schedule I: Your Income (Official Form 106I) | \$ 3,364.83 |
| | Copy your combined monthly income from line 12 of Schedule I..... | \$ 3,364.83 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | \$ 3,403.00 |
| | Copy your monthly expenses from line 22c of Schedule J..... | \$ 3,403.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,312.12

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

| From Part 4 on Schedule E/F, copy the following: | Total claim |
|--|----------------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ <u>0.00</u> |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ <u>93.91</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ <u>0.00</u> |
| 9d. Student loans. (Copy line 6f.) | \$ <u>310,358.14</u> |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ <u>0.00</u> |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ <u>0.00</u> |
| 9g. Total. Add lines 9a through 9f. | \$ <u>310,452.05</u> |

Fill in this information to identify your case:

| | | | |
|---|--|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS)</u> | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mark Douglas Harrison

Mark Douglas Harrison

Signature of Debtor 1

Date March 23, 2016

X /s/ Crystal Theresa Zagwyn Harrison

Crystal Theresa Zagwyn Harrison

Signature of Debtor 2

Date March 23, 2016

**United States Bankruptcy Court
Middle District of North Carolina (NC Exemptions)**

In re **Mark Douglas Harrison
Crystal Theresa Zagwyn Harrison**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|--------------------|
| For legal services, I have agreed to accept | \$ <u>1,390.00</u> |
| Prior to the filing of this statement I have received | \$ <u>1,390.00</u> |
| Balance Due | \$ <u>0.00</u> |

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning, Means Test planning, and other items if specifically included in attorney/client fee contract or required by Bankruptcy Court local rule.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay motions, adversary proceedings, dismissal motions, and any other items excluded in attorney/client fee contract or excluded by Bankruptcy Court local rule.

Fee also collected, where applicable, include such things as: Pacer access: \$10 per case, Credit Reports: \$10 each, Judgment Search: \$10 each, Credit Counseling Certification: Usually \$34 per case, Financial Management Class Certification: Usually \$8 each, Use of computers for Credit Counseling briefing or Financial Management Class: \$10 per session, or paralegal typing assistance regarding credit counseling briefing: \$75 per session.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

March 23, 2016
Date

/s/ Edward C. Boltz

Edward C. Boltz

Signature of Attorney

The Law Offices of John T. Orcutt, PC

6616-203 Six Forks Road

Raleigh, NC 27615

(919) 847-9750 Fax: (919) 847-3439

postlegal@johnorcutt.com

Name of law firm

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | |
|--------|--------------------|
| \$245 | filings fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| | \$335 total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | |
|-------------------|--------------------|
| \$1,167 | filing fee |
| + \$550 | administrative fee |
| \$1,717 total fee | |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | |
|--------|--------------------|
| \$200 | filing fee |
| + \$75 | administrative fee |
| \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | |
|--------|--------------------|
| \$235 | filing fee |
| + \$75 | administrative fee |
| \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Fill in this information to identify your case:

| | | | |
|---|---|-------------|-----------|
| Debtor 1 | Mark Douglas Harrison | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Crystal Theresa Zagwyn Harrison | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | MIDDLE DISTRICT OF NORTH CAROLINA (NC EXEMPTIONS) | | |
| Case number (if known) | | | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|---|---|
|---|---|---|

Creditor's name:

Description of property securing debt:
2005 Ford F150 129,000 miles
VIN : 1FTPW14585FA99678
Geico Insurance Policy#
4276373398
90% Clean Retail

Surrender the property.

No

Retain the property and redeem it.
 Retain the property and enter into a Reaffirmation Agreement.

Yes

Retain the property and [explain]:

Creditor's name:

Description of property securing debt:
2011 Nissan Juke 63,656 miles
VIN: JN8AF5MV1BT022858
Geico Insurance Policy#
4276373398
90% Clean Retail
To Be Surrendered

Surrender the property.

No

Retain the property and redeem it.
 Retain the property and enter into a Reaffirmation Agreement.
 Retain the property and [explain]:

Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended.

Debtor 1 **Mark Douglas Harrison**
Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*) _____

You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name: **AT&T Mobility *******

No

Yes

Description of leased Property: **Month to Month Contract**

Debtor 1 **Mark Douglas Harrison**
Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (*if known*) _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Mark Douglas Harrison

Mark Douglas Harrison

Signature of Debtor 1

X /s/ Crystal Theresa Zagwyn Harrison

Crystal Theresa Zagwyn Harrison

Signature of Debtor 2

Date **March 23, 2016**

Date **March 23, 2016**

Fill in this information to identify your case:

| | |
|---|--|
| Debtor 1 | Mark Douglas Harrison |
| Debtor 2 (Spouse, if filing) | Crystal Theresa Zagwyn Harrison |
| United States Bankruptcy Court for the: | Middle District of North Carolina (NC Exemptions) |
| Case number (if known) | |

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|----------------------|--|
| \$ 4,189.77 | \$ 1,042.38 |
| \$ 0.00 | \$ 0.00 |
| \$ 0.00 | \$ 0.00 |

6. Net income from rental and other real property

| Debtor 1 |
|---|
| Gross receipts (before all deductions) \$ 0.00 |
| Ordinary and necessary operating expenses -\$ 0.00 |
| Net monthly income from a business, profession, or farm \$ 0.00 |
| Copy here -> \$ 79.97 |
| \$ 0.00 |
| \$ 79.97 |
| Debtor 1 |
| Gross receipts (before all deductions) \$ 0.00 |
| Ordinary and necessary operating expenses -\$ 0.00 |
| Net monthly income from rental or other real property \$ 0.00 |
| Copy here -> \$ 0.00 |
| \$ 0.00 |
| \$ 0.00 |

7. Interest, dividends, and royalties

Debtor 1 **Mark Douglas Harrison**
 Debtor 2 **Crystal Theresa Zagwyn Harrison**

Case number (if known) _____

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ **0.00**

| Column A Debtor 1 | Column B Debtor 2 or non-filing spouse |
|------------------------------------|---|
|------------------------------------|---|

| | |
|----------------|----------------|
| \$ 0.00 | \$ 0.00 |
|----------------|----------------|

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

| | |
|----------------|----------------|
| \$ 0.00 | \$ 0.00 |
|----------------|----------------|

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

| | |
|------------------|----------------|
| \$ 0.00 | \$ 0.00 |
| \$ 0.00 | \$ 0.00 |
| + \$ 0.00 | \$ 0.00 |

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

| | | |
|--------------------|----------------------|----------------------|
| \$ 4,189.77 | + \$ 1,122.35 | = \$ 5,312.12 |
|--------------------|----------------------|----------------------|

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$ **5,312.12**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **63,745.44**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

NC

Fill in the number of people in your household.

5

Fill in the median family income for your state and size of household.

13. \$ **77,827.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.

Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.
 Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Mark Douglas Harrison

Mark Douglas Harrison

Signature of Debtor 1

Date **March 23, 2016**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X /s/ Crystal Theresa Zagwyn Harrison

Crystal Theresa Zagwyn Harrison

Signature of Debtor 2

Date **March 23, 2016**

MM / DD / YYYY

North Carolina Employment Security
Commission
Post Office Box 26504
Raleigh, NC 27611

NC Child Support
Centralized Collections
Post Office Box 900006
Raleigh, NC 27675-9006

Equifax Information Systems LLC
P.O. Box 740241
Atlanta, GA 30374-0241

Experian
P.O. Box 2002
Allen, TX 75013-2002

Trans Union Corporation
P.O. Box 2000
Crum Lynne, PA 19022-2000

Internal Revenue Service (MD) **
Post Office Box 7346
Philadelphia, PA 19101-7346

US Attorney's Office (MD) **
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

ACS Education Loan Services, LLC
501 Bleeker Street
Utica, NY 13501

Allstate Insurance Company**
Post Office Box 12055
1819 Electric Road SW
Roanoke, VA 24018

AT&T Mobility *****
c/o Bankruptcy
1801 Valley View Lane
Dallas, TX 75234

AT&T Mobility *****
c/o Bankruptcy
1801 Valley View Lane
Dallas, TX 75234

Bank of America
4060 Ogletown/Stanton Road
Newark, DE 19713

Bank of America **
Post Office Box 15284
Wilmington, DE 19850

Best Buy Credit Services ***
c/o Citibank, N.A
Post Office Box 790441
Saint Louis, MO 63179

Capital One
Post Office Box 71083
Charlotte, NC 28272

Capital One
Post Office Box 71083
Charlotte, NC 28272

Capital One
Post Office Box 71083
Charlotte, NC 28272

Carmax Auto Finance
Attn: Managing Agent
Post Office Box 440609
Kennesaw, GA 30160

Carolinias Health Care System
Post Office Box 70826
Charlotte, NC 28272

Carrie Baker
3821 Olive Branch Road
Monroe, NC 28110

Childrens Urology of the Carolinas
1718 East 4th Street STE 805
Charlotte, NC 28204

Citibank **
Post Office Box 6500
Sioux Falls, SD 57117-6500

Comenity Bank- New York & Company
Post Office Box 182125
Columbus, OH 43218-2125

Credit Acceptance Corporation
Attn: Managing Agent
Post Office Box 513
Southfield, MI 48037-0513

Credit One Bank, N.A. ****
Post Office Box 98873
Las Vegas, NV 89193-8873

Dominion Law Associates
Attorneys & Counselors at Law
222 Central Park Avenue, Suite 210
Virginia Beach, VA 23462-3026

Duke Energy Progress ***
Post Office Box 1771
Raleigh, NC 27602

Enhanced Recovery Company, LLC**
8014 Bayberry Road
Jacksonville, FL 32256

First National Bank
604 N. Derby Lane
North Sioux City, SD 57049

Frontline Asset Strategies, LLC **
2700 Snelling Avenue North
Suite 250
Roseville, MN 55113

GEMB Lending, Inc.
Post Office Box 5064
Irvine, CA 92619

George Brown Associates, Inc.***
2200 Crownpoint Executive Drive
Charlotte, NC 28227

Hyundai Motor Finance Company
Attn: Managing Agent
10550 Talbert Avenue
Fountain Valley, CA 92708

IC Systems*****
Post Office Box 64378
Saint Paul, MN 55164-0378

Internal Revenue Service (MD) **
Post Office Box 7346
Philadelphia, PA 19101-7346

Locust Medical Services
Post Office Box 70826
Charlotte, NC 28272

LTD Financial Services, L.P.
P.O. Box 630769
Houston, TX 77263-0769

Massachusetts Educational Financing Aut
160 Federal Street #4
Boston, MA 02110

Medicredit Corporation **
P.O. Box 411187
Saint Louis, MO 63141-3187

Merrick Bank ***
Post Office Box 9201
Old Bethpage, NY 11804-9201

National Collegiate Trust
1200 North 7th Street
Harrisburg, PA 17102

National Collegiate Trust
2401 International Lane
Madison, WI 53704

Navient
Post Office Box 13611
Philadelphia, PA 19101-3611

NC Department of Justice
for NC Department of Revenue
Post Office Box 629
Raleigh, NC 27602-0629

Nelnet
c/o Dept of Education
Post Office Box 9655
Wilkes Barre, PA 18773

North Carolina Dept. of Revenue**
Post Office Box 1168
Raleigh, NC 27602-1168

North Carolina DMV
1100 New Bern Avenue
Raleigh, NC 27697

Novant**
PO Box 602584
Charlotte, NC 28260-2584

Online Information System
685 W. Fire Tower Road
Winterville, NC 28590

Piedmont Natural Gas Company**
4339 South Tryon Street
Charlotte, NC 28217-1733

Russell Cottle -Deceased

Ruth E. Cottle- Deceased

Santander Consumer USA **
Attn: Bankruptcy/Managing Agent
Post Office Box 560284
Dallas, TX 75356-0284

Select Portfolio Servicing**
Attn: Bankruptcy Department
Post Office Box 65250
Salt Lake City, UT 84165

Sprint Nextel-Correspondence*****
Attn: Bankruptcy Department
Post Office Box 7949
Overland Park, KS 66207-0949

Sprint Nextel-Correspondence*****
Attn: Bankruptcy Department
Post Office Box 7949
Overland Park, KS 66207-0949

Stanley4 Rent
1st Street
Albemarle, NC 28001

Synchrony Bank
Post Office Box 965060
Orlando, FL 32896-5060

Synchrony Bank- JcPenny
Post Office Box 965060
Orlando, FL 32896-5060

Synchrony Bank- Lending
Post Office Box 965060
Orlando, FL 32896-5060

Synchrony Bank- Walmart
Post Office Box 965060
Orlando, FL 32896-5060

The Honorable Loretta Lynch
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

The Honorable Loretta Lynch
U.S. Department of Justice
950 Pennsylvania Ave. NW
Washington, DC 20530-0001

Time Warner Cable **
101 Innovation Avenue
Suite 100
Morrisville, NC 27560-8586

TransWorld Systems
Post Office Box 15943
Wilmington, DE 19850

Truliant Federal Credit Union
Attn: Managing Agent
2098 Frontis Plaza Boulevard
Winston Salem, NC 27103

US Attorney's Office (MD) **
101 S. Edgeworth Street, 4th floor
Greensboro, NC 27401

Wells Fargo Financial Cards
Post Office Box 14517
Des Moines, IA 50306

Wells Fargo Home Mortgage****
Attn: Managing Agent
Post Office Box 10335
Des Moines, IA 50306

Zwicker & Associates, PC
Attorneys at Law
Post Office Box 9013
Andover, MA 01810-9013

**United States Bankruptcy Court
Middle District of North Carolina (NC Exemptions)**

In re **Mark Douglas Harrison
Crystal Theresa Zagwyn Harrison**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **March 23, 2016**

/s/ Mark Douglas Harrison

Mark Douglas Harrison

Signature of Debtor

Date: **March 23, 2016**

/s/ Crystal Theresa Zagwyn Harrison

Crystal Theresa Zagwyn Harrison

Signature of Debtor